

Keeping In Touch

Staying Connected, Growing Together • Fall 2022



Photo by Tina Floersch on Unsplash.

Welcome

The **Keeping in Touch** (KIT) resource was created to celebrate and support the creativity and dedication of all who participate in the quality education of young children. The resource strives to provide inspiration and knowledge to professionals in the Early Learning and Care Sector through informative articles and resources which promote inclusionary practices, cultural diversity and competence, programming ideas and community information. The KIT committee is comprised of professionals from various agencies within the Toronto Children's Services Every Child Belongs model. We welcome you to share this resource with your colleagues, friends, and family.



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Early Childhood Bullying

Part 2, How to Spot the Signs

BRENDALEE SIMAS, RT, RECE, Child Care Consultant,
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Bullying should never be considered just part of growing up. It's a serious issue, with far-reaching consequences for the children, their families, peers, and the community around them. Children who are victimized or engage in the act of bullying other children, are at risk for emotional, behavioural and relationship challenges. Consequently, this requires immediate support from educators and other trusted adults to help them develop healthy relationships in early care, school and throughout their lives. "Children who continue with patterns of using power and aggression in acts of bullying, or those who suffer prolonged victimization, experience a range of psycho-social problems that may extend into adolescence and adulthood". ([Understanding Bullying: From Research to Practice](#)) It's imperative for educators to be aware that bullying does not suddenly or mysteriously appear among children.

In Part 1, we explored the act of bullying, its characteristics, the roles played, and how acts of bullying can take on different forms in early childhood. We also learned that "Bullying is a learned behavior, and anything learned can be unlearned." (Dr. C. Sally Murphy—Lecturer in Literacy and Early Childhood, School of Education, Curtin University). So now, how do we spot the signs? What should we be looking for?



WARNING SIGNS
for PARENTS

Warning Signs a Child May be Experiencing Acts of Bullying

Some children may feel comfortable to come right out and say that someone is teasing them, calling them names, ignoring them, threatening them, or physically hurting them. Others may say nothing at all, especially



Bullied child. Photo by Chinh Le Du on Unsplash.

if it is a frequently occurring problem. Unless a child tells you about their experience(s) with bullying, or they have visible bruises or injuries, it can be difficult to figure out that it's happening. If we know what to look for, we can often see the development of bullying behaviours, even within early childhood settings. Children who say: "You can't play with me!", may not yet be deliberately excluding selected classmates, but this behaviour can easily develop into acts of relational bullying and escalate into the more sophisticated forms of social exclusion used by older children. A common phrase that you may hear is: "You can't be my friend if you're friends with her!" ([Warning Signs for Bullying | StopBullying.gov](#))

If you're concerned that a child is experiencing any acts of bullying, here are some signs to look out for, however, be mindful that not all children who experience bullying demonstrate warning signs.

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A child may be experiencing acts of bullying if they:

- Do not want to come to childcare or cry when they are there
- Are having difficulties separating from their parents or educators
- Do not want to take part in activities that they previously enjoyed
- Separate themselves from group participation or act differently than they normally did before
- Endure unexplainable injuries (scratches, cuts, bruises)
- Have lost or destroyed clothing, books, electronics, or jewelry
- Complain of frequent headaches or stomach aches, feeling sick or other somatic complaints
- Demonstrate changes in eating habits such as losing their appetite or feeling hungry all the time
- Have difficulty sleeping or experience frequent nightmares
- Suddenly lose friends
- Walk with their head down and being unwilling to comment or speak their mind or speak up for themselves
- Appear sad, moody, or teary-eyed
- Appear anxious or demonstrate low self-esteem
- Display self-destructive behaviours such as running away, harming themselves, or talking about suicide



WARNING SIGNS
for PARENTS

Warning Signs a Child May be Engaging in Acts of Bullying

If you're concerned that a child is engaging in any acts of bullying, look for these signs:

- Demonstrate behavioural problems (easily frustrated, increasingly aggressive, impulsive)

- Have difficulty following rules and instructions
- Have a high concern with popularity
- Get into physical or verbal altercations
- Have friends who act aggressively or engage in acts of bullying themselves
- Lack empathy towards others
- Get sent to the office frequently
- Have unexplained extra money or new belongings
- Justify maladaptive behaviours and blame others for their problems
- Do not accept responsibility for their actions
- Are more competitive than their peers
- Have experienced domestic violence
- Have personally experienced bullying first-hand
- Are intolerant towards children who are different (diverse ethnic backgrounds, gender, extra support needs or disabilities)

Children with disabilities—such as physical, developmental, intellectual, emotional, and sensory—are at an increased risk of being bullied. Any number of factors—physical vulnerability, social skill challenges, or intolerant environments—may increase the risk. Research suggests that some children with disabilities may bully others as well. **(Bullying and Youth with Disabilities and Special Health Needs)**

Children and youth with extra support needs are impacted by their conditions in a variety of ways. Every child is unique, and so are the ways that their health condition(s) affect them. Some exceptionalities, such as brain injuries or neurodiversity, can impact a child's understanding of social interactions in which they may not even know if they are the target of bullying.

If bullying is so prevalent, why don't children ask for help?

This is the million-dollar question. Children don't tell adults for many reasons. Being a target or victim of bullying can be a humiliating experience. Children may not want adults to know what is being said about them, whether it be true or false. These experiences can make a child feel ashamed or helpless. They

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may fear a backlash or retaliation from the child who demonstrated the act of bullying against them, or fear being rejected by their peers. Children who experience bullying may already feel socially isolated and believe that no one cares what happens to them. In an effort to feel in control again, some children may choose to handle it on their own, in order to not be labelled as weak or a “tattletale”. Alternatively, they may be experiencing the desire to be accepted amongst the group and consequently accept the act in order to fit in.

Missed Part 1 of Early Childhood Bullying: Understanding the Act?

No problem. You can access Part 1 on the [City Wide Training website](#) in the Resources section under Printable Resources. If you are looking for strategies to help, look out for the **Part 3 of Early Childhood Bullying: How You Can Make a Difference** in our next edition.

“There is often an unspoken code of secrecy about bullying among peer groups. As long as this code is in place, the bullying will continue. Victims of bullying are often more afraid of being called a tattletale, a baby, a rat, or a snitch than they are of enduring ongoing abuse, so they keep quiet.”

Sherri Gordon

References

[Raising Children Network](#)

<https://raisingchildren.net.au/preschoolers/behaviour/bullying/bullying-signs>

[Bullying—We Can All Help Stop It](#)

<https://www.ontario.ca/page/bullying-we-can-all-help-stop-it>

[Public Safety Canada](#)

<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/blng-prvntn/index-en.aspx>

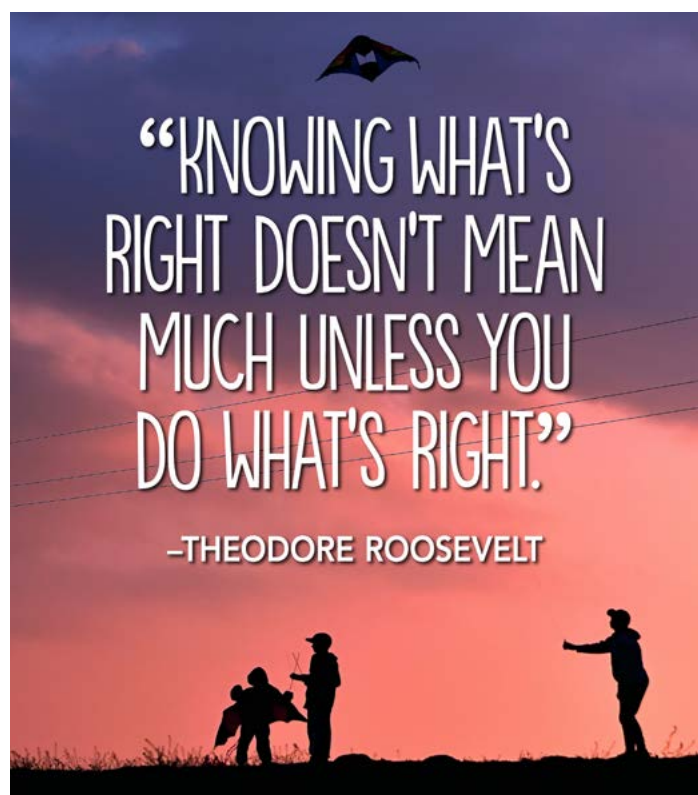
[Students with Disabilities and Bullying](#)

<https://www.pacer.org/bullying/info/students-with-disabilities>

[Signs Your Child Is Being Bullied—Tip Sheet](#)

<https://www.stompoutbullying.org/tip-sheet-signs-your-child-being-bullied>

Gordon, S. (2021, December 6). [Why Victims of Bullying Often Suffer in Silence](#). Verywell Family. Retrieved March 30, 2022, from <https://www.verywellfamily.com/reasons-why-victims-of-bullying-do-not-tell-460784>



Quote by Theodore Roosevelt. Photo by Jozef Fehér.



Children painting. Photo by Ron Lach from Pexels.

Defining the Sensory Systems

COMPILED BY: BRENDA WILSON, RECEAS, Montessori, Resource Consultant, Terry Tan Child Centre

Every day we use our senses to learn about the world around us, process information, and communicate with one another. To better understand when the sensory systems may be having difficulty doing what they are supposed to do, we must first understand what sensory systems we have and their functions.

The eight sensory systems:

- | | |
|--------------|-------------------|
| 1. Visual | 5. Tactile |
| 2. Auditory | 6. Vestibular |
| 3. Gustatory | 7. Proprioception |
| 4. Olfactory | 8. Interoception |

Visual—The sense of sight. This sensory system is about the information that we take in through our eyes. It is the things that we see. You may see children exploring this sense as they gaze at dust floating in the air, enjoy spinning objects or sensory bottles, or the play of sunshine creating shadows.

Auditory—The sense of sound. This system is about the information we take in through our ears. It is the things we hear. You may see children exploring this sense as they repeat sounds they hear throughout a variety of environments. As adults, we have learned to “tune out” or filter sounds that are not needed to help

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us focus. Children are still developing this ability and you may think they are distracted as they listen to the hum of a fan or the whistle of wind from outside, when really, they are still learning to “tune out” such noises.

Gustatory—The sense of taste. This sensory system is about how we taste flavours. It is the processing of the information we receive through the mouth (oral system). You may see children show preferences for textures, flavours, temperature and combinations of food and drink.

Olfactory—The sense of smell. This sensory system is about the information we receive through the nose. You may see children smelling you, your clothing, their food, or other objects. A common way we see this in children is when they smell food before tasting it.

Tactile—The sense of touch. This system is about how we feel the world around us. This is when we physically touch and process how we feel things through touch. It is experienced by the full body. We can see children holding their head up to the wind or reacting to the texture of clothing as they rub their hands along fabrics or refuse to wear certain clothing because it does not “feel right.”

Vestibular—The sense of balance and spatial awareness. This sensory system helps us to detect changes in gravity through our inner ear. You might see children exploring this sense when they spin or hang upside down.

Proprioception—The body awareness sense. This sensory system processes information that is received from muscle and joint movement. Using this sense helps you to know where your body parts are in space and what they are doing. We can see children exploring this sense through jumping, pushing, pulling and deep pressure such as hugs and wrapping themselves in blankets/curtains or squeezing between cushions or small spaces.

Interoception—The internal body sense. This sensory system is like your body's compass and is responsible for being aware of internal sensory input such as hunger, breathing, temperature, thirst, and needing to go to the washroom. It refers to the function and physical

condition of the body and tells you what your internal organs are feeling. You might see children using this sense when they are toilet training or when they say they are feeling ill.

Additional links

Learn Sensory Integration Basics | Sensory

Integration Tools. Pathways.org <https://pathways.org/topics-of-development/sensory/>

An Introduction to the 8 Sensory Systems.

Sensory Processing Explained. <https://sensoryprocessingexplained.com/an-introduction-to-the-8-sensory-systems/>

Sensory Systems 101—Understanding the Hidden

Senses. <https://developlearngrow.com/sensory-systems-101/>

Understanding the Sensory System and Sensory

Processing. ConnectAbility. <https://connectability.ca/2020/07/13/understanding-the-sensory-system-and-sensory-processing/>

What Is Your Child's Sensory Profile? (And Why It's

Critical to Know) <https://www.additudemag.com/sensory-processing-problems-profile-adhd/>

“First is the education of the senses, then the education of the intellect.”

—Maria Montessori



Photo by Christina @ wocintechchat.com on Unsplash.

Effective Communication Between Caregivers and Early Learning and Childcare Professionals

BRENDALEE SIMAS, RT, RECE, Child Care Consultant, Child Development Institute

Communication is the act of transferring information from one place, person, or group to another. All communication involves (at least) one sender, a message, and a recipient. This may sound simple, but communication is actually a very complex subject. The transmission of the message from sender to the recipient can be affected by a vast range of things. These include our emotions, the cultural situation, the medium used to communicate, and even our location. To communicate effectively, we need to minimize potential misunderstandings and overcome any barriers to communication at each stage of the communication process.

Effective Communication: Why it's Important

Effective communication builds understanding and trust. When you and parents or caregivers understand

and trust each other, you will be better able to work together to support a child's wellbeing and development. Therefore, effective communication is key to establishing and maintaining positive partnerships with parents and caregivers. For professionals, a positive partnership means sharing knowledge and experience to understand a child's situation. This can lead to developing plans together to support a child.

Communicating with Respect

Respect is the foundation of effective communication with parents, caregivers and families, and will help you to better understand the families that you work with. We should strive to respect every family's:

- Religious and cultural backgrounds, values, beliefs, and languages

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- Parenting arrangements – for example, **blended families**, **co-parenting families**, **single-parent families** and **LGBTQIA2S+** (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual and Two-Spirit) families
- **Gender diversity**—for example, preferred pronouns
- Choices—for example, where families live, whether their houses are tidy or what their children are wearing
- Circumstances—for example, **parents with intellectual disability**, **parents who are teenagers** and **families experiencing challenges**
- Using ordinary, everyday language rather than professional jargon
- **Working with interpreters** if you speak a different language from the family you're working with
- Making sure that your printed resources show images of diverse families within the early learning environment

Active Listening

Active listening is one of the keys to successful and effective communication. **Active listening** is the practice of preparing to listen, observing what verbal and non-verbal messages are being sent, and then providing appropriate feedback for the sake of showing attentiveness to the message being presented. This form of listening conveys a mutual understanding between speaker and listener. When you listen actively, you get more information about children and their families. You also get the full benefit of the parents and caregivers' in-depth knowledge of their children, while demonstrating that you value their experience, ideas and opinions, and are taking their concerns seriously.

“Listen with the intent to understand, not the intent to reply.”

—Stephen Covey

7 “Be’s” of Effective Communication

If we want children to thrive in early learning and childcare settings, then it makes sense to intentionally build positive relationships with the adults who play the largest roles in the children’s daily lives: their parents and/or caregivers. Good communication is essential for building those relationships, but good communication doesn’t just happen. As early learning and childcare professionals, we must be reflective and intentional about achieving effective parent-caregiver relationships through good communication. The **Extension Alliance for Better Child Care** recommends that we should:

1. **Be interested.** Before we even open our mouths to speak, we should first reflect on our own attitude toward parents and caregivers. We should ask ourselves questions that will help us determine our interest, or lack thereof, in parents, such as: “Am I interested in you as a person?”, “Am I curious about what you think?”, “What are my experiences and perspectives?”, “Do I want to hear what you have to say?”. We try to read one another’s cues to see if someone is truly interested. We read their tone of voice and try to interpret their facial expressions. It makes a big difference in the way the other person responds.
2. **Be humble.** Although it may be true that early learning and childcare professionals know a lot about young children and their development, parents can sometimes feel intimidated or put-off by this expertise, especially if the provider comes across as omniscient. The truth is that there is a lot that early learning and childcare professionals don’t know.
3. **Be respectful.** Most early learning and childcare professionals say they believe parents are children’s first teachers, however, sometimes we don’t come across as respecting that role when we are talking with them. Even if we happen to disagree with a decision or viewpoint, it’s still important to maintain an attitude of respect for the parent’s or caregiver’s role and for the values and experiences that shape their decisions.

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4. **Be inviting.** We can't assume that families know that we want to hear their perspective. Although much of our conversation will be about the child, also expressing an interest in the parent or caregiver is likely to invite a deeper level of trust and openness. We can invite communication by asking a good question! Questions should demonstrate that you are interested and are paying attention in what the parent or caregiver is sharing.
5. **Be a good listener.** Most people don't have a natural talent for listening. But anyone who has had the experience of being in a conversation with a good listener will appreciate the powerful effect it can have on the quality of the dialogue and the relationship. So how do we listen well? Here are a few tips:
 - Convey the message "I'm listening" with your eyes, face, and body as well as with your words (**Active Listening**)
 - Wait for a response and allow pauses. Be careful not to be too quick to jump in. Some people are very quick to speak, and others take more time to translate thoughts into words
 - Be fully present in the moment. This can be challenging in a busy and/or noisy setting but do your best to give a parent or caregiver your full attention, even if it's only for a moment during pick-up or drop-off time
6. **Be positive.** Don't communicate only when there is a problem or concern, or when you want something from the child's parent or caregiver. When only negative messages are expected, parents and caregivers are likely to avoid the messenger. A proactive, communication plan, on the other hand, can help keep the majority of the messages to families positive, constructive, and encouraging. Share fun stories and the positive things you observe in the child.
7. **Be creative.** We now have so many ways to communicate with one another. Early learning and childcare professionals need to take advantage of

as many of these methods as necessary to meet the needs and preferences of families. It's better to send the same message multiple ways and risk minor annoyance than to rely on one way of communicating that isn't effective for all. Never assume that families actually see the note you put in their child's backpack or the news post on media pages. (Hi Mamma, Story Park, What's App, Facebook, etc.)

The Benefits of Good Communication

Research indicates that children benefit when those who are most involved with their everyday wellbeing and learning have warm, meaningful communication. Those benefits can be seen at many levels. Children notice how we get along with their parents, and they hear how we talk together (or notice that we don't.) When providers deepen their conversations with parents to the point when they become true collaborators in children's care and learning, children benefit exponentially. Intentionally establishing good communication with parents from the start will also make it easier to work through difficult conversations that may arise later. (**Extension Alliance for Better Child Care**)

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If we think about the four foundations from the adult perspective of **How Does Learning Happen? Ontario's Pedagogy for the Early Years**, we know that when we engage parents in the conversation about their child's development, we are building relationships. We're asking things about family beliefs, culture etc. This gives parents a sense of belonging, not only for their children but also for themselves.

Good communication skills require a good sense of self. Understanding your own personal style of communicating will go a long way towards helping you to create good and lasting impressions with others.

References/Resources

Best Start. https://www.beststart.org/OnTrack_English/6-earlyidentification.html

Effective Strategies for Parent-Teacher

Communication. <https://youtu.be/MWNUM-XGpnU>

Extension Alliance for Better Child Care. <https://childcare.extension.org/provider-parent-relationships-7-keys-to-good-communication/>

The Hanen Centre. <http://www.hanen.org/Home.aspx>

How Does Learning Happen? Ontario's Pedagogy for the Early Years. <https://files.ontario.ca/edu-how-does-learning-happen-en-2021-03-23.pdf>

“Research demonstrates that family engagement is a dynamic, interactive process that provides a pathway to student success.”

–Harvard Family



Photo by Christina @ wocintechchat.com on Unsplash.

Supporting Children in Navigating Transitions

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Think about the last time you were in a new environment. Maybe you started a new job or moved from the toddler room to the school age room. Did you feel nervous or feel as if you lacked a sense of belonging? Did it take you time to warm up and engage with others and the environment? You experienced a transition.

Transitions are the physical movement from one space to another. For children, this can be transitioning into care for the first time from the home environment, transitioning from one early childcare room up into the next room, as well as transitioning from an early childhood program into the school system.

Safely navigating transitions in the early years is crucial to a child's healthy development and wellbeing and can lay the foundation for a future of learning and better outcomes. Children are able to grow, develop, and learn best when they are feeling safe, secure, and have a sense of belonging.

Many children find transitions difficult. When working with children during times of transition, we want to ensure that the period of change is as smooth and comfortable for them as possible. Our goal is to give children a sense of belonging in their environment so that they become confident participants within their space.

Children with anxiety, autism or sensory processing issues (difficulty processing information from the senses such as bright lights, loud noises and scratchy clothing), may have an especially difficult time navigating transitions.

During the transition process, children may face a variety of emotions and experiences. These may include:

- Confusion about things changing
- Fear of the unknown



Photo by Shoeib Abolhassani on Unsplash.

- Difficulty regulating emotions
- Resistant and avoidant behaviours
- Emotional meltdowns/outbursts

The following suggestions can help caregivers assist young children to successfully navigate a transition process:

Maintain routines and support the gradual development of new routines: Having regular routines for eating, playing, sleeping, and other daily activities offers young children a sense of normalcy and supports establishing a new schedule. If necessary, build new routines that support changes in their schedules. Transition cues can support children in determining what comes next. Transition cues can be visual (e.g. holding up a diaper to signal a washroom routine), auditory (e.g. singing a particular song while on the way to the playground), or verbal (e.g. reading a book at the end of circle time).

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Description and count down: With routines, providing a description of what is going to happen, along with countdowns, are extremely supportive. For example, you might lay out what the morning is going to look like: First, we will work on an art project, then we will tidy up to go outside and play, then we will come inside for lunch.

Before each transition, give a timeframe and description of what will happen along with countdowns (in 20 minutes, then 10, then 5 it will be time to go inside and wash hands for lunch). This allows children to emotionally prepare for the change.

Song cues: For younger children in particular, songs can be an especially effective tool to help implement routines and ease transitions. “Clean up” songs can be heard in many childcare programs, for good reason, but there are countless other songs to be found (and made up!) to suit a variety of situations from washing hands to getting dressed.

Visual cues: Many children benefit from visual cues. Being able to point to a visual with pictures about what to expect from a particular transition, or the steps involved, can be extremely supportive to assist a child in staying on task and/or until task completion.

Get their attention: It’s important to make connections with children to ensure that you have their attention and that the information is being processed. This could mean eye contact, getting down to their level, a hand on their shoulder, or asking them to repeat back what you have said.

Be mindful of possible changes in behaviours: Young children might exhibit a variety of behaviours that might be perceived as challenging to caregivers. Children may withdraw from frustrating or difficult situations during the transition process. The changes may lead to moodiness, increased clinginess, need for attention and reassurance, sleep difficulties, and social withdrawal. Changes might also cause developmental regression such as “baby talk,” or toileting accidents. Caregivers may witness a resurgence of temper tantrums. These normal responses to change can be alleviated by providing predictability, comfort,

reassurance, and meeting the child’s needs with a nurturing and understanding approach.

Guide young children in labeling their emotions and expressing their feelings: Children may experience a range of feelings. Assure them that all feelings are okay. Help children name the emotion they are experiencing and talk with them about their feelings—even if they cannot yet talk themselves! Share what you observe as they play and validate their feelings. Books are also great tools to support and teach children about emotions.

Practice mindfulness: Mindfulness is a state of active, open attention to the present. This state is described as observing one’s thoughts and feelings without judging them as good or bad. (Psychology Today, 2022). It is important for caregivers to recognize and regulate their own feelings before responding to the needs of a child. Remain calm and model emotional regulation. Mindfulness activities can also be done with young children, such as guiding the child in a deep breathing exercise when feeling anxious or frustrated.

The transition process might be difficult and demanding. Nevertheless, remaining present and attuned to the needs of young children will support caregivers in meeting any needs that might arise.

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- Child Mind Institute. **How Can We Help Kids with Transitions?** <https://childmind.org/article/how-can-we-help-kids-with-transitions/>
- Psychology Today. **Mindfulness.** <https://www.psychologytoday.com/ca/basics/mindfulness>



Be a Good Ancestor, new book from Orca written by Leona Prince and Gabrielle Prince and illustrated by Carla Joseph.

Nature as a Teacher: (Re)Connecting Wherever You Are

LOUISE ZIMANYI B.A.A ECE, Ryerson Med (OISE), Doctoral Candidate, Royal Roads

(Re)connecting to nature and the outdoors is an important part of pedagogy and practice in the early years.

Where we play is deeply connected to what and how we experience and learn.

Think about how you (your early childhood Centre/ program) embrace nature. Do you consider water in all its forms, plants, birds, animals, insects, the elements (wind, sky) as teachers in all seasons with body, mind, heart and spirit?

Think about how you **know and acknowledge** the Lands you are on. For example, engaging in **respectful and reciprocal relationships** with nature wherever you are (urban, rural, semi-rural environments) and learning with and from communities who have different perspectives about nature and can support with knowledge, storytelling, etc.

In (re)connecting to and embracing nature as a teacher as a way to spark curiosity, wonder and joy, we also learn and understand what it means to be a good ancestor.

This means intentionally considering our connections and relationships with the world around us and collective actions for the benefit of all.

Hot off the press, ***Be a Good Ancestor***, is a new book from Orca written by Leona Prince and Gabrielle Prince and illustrated by Carla Joseph.

Be a good ancestor with the land: seeds become seedlings, seedlings become trees, trees become forests, forests become oxygen (Prince, Prince and Joseph, 2022)

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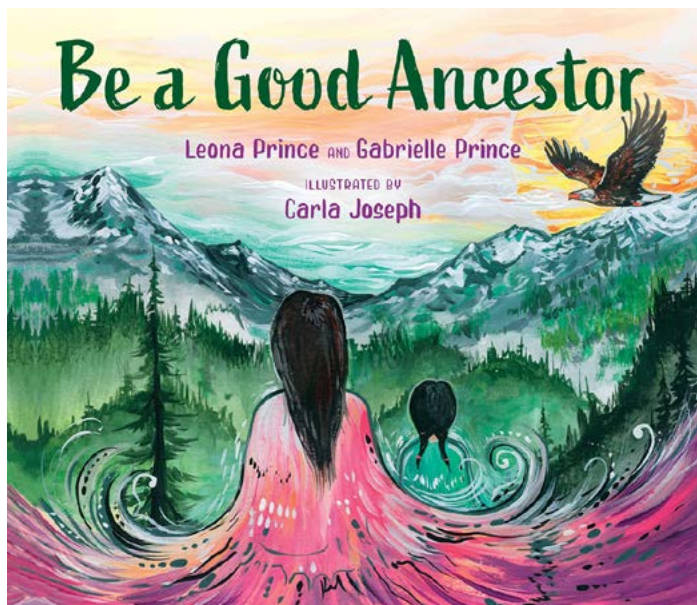
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“Be a good ancestor with
your thoughts
Thoughts become ideas
Ideas become actions
Actions become movements
Movements become change.”

Resources

Be a Good Ancestor. <https://www.orcabook.com/Be-a-Good-Ancestor>. (Prince, Prince, Joseph, 2022);
Leona Prince introduces BE A GOOD ANCESTOR
<https://www.youtube.com/watch?v=7JRLA2uUjJw>
(video)

Zimanyi, Keeshig and Short, 2020. Children make connections to Aki (Earth) through Anishinaabemowin teachings. The Conversation.
<https://theconversation.com/children-make-connections-to-aki-earth-through-anishinaabe-teachings-133669>



Cover of *Be a Good Ancestor* by Leona Prince and Gabrielle Prince. Illustrated by Carla Joseph.

Specialized Consultation



Photo by Danny Nee on Unsplash

Physical Disability

Shared with permission from [Connectability.ca](https://connectability.ca)

What is a Physical Disability?

A disability is an umbrella term that covers impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure. Activity limitation is a difficulty encountered by an individual in executing a task or action. A participation restriction is a problem experienced by an individual with involvement in life situations.

A physical disability is any condition that permanently prevents body movement and/or control. There are many different types of physical disabilities.

How is it manifested?

Most common types

1. **Neuromuscular disorders:** are a group of diseases that weaken the body's muscles. The causes, symptoms, age of onset, severity and progression

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Specialized Consultation

vary depending on the exact diagnosis and the individual. When a child has a muscular dystrophy, this means that the muscle fibres in the body gradually weaken over time. Children can have different types of Muscular Dystrophy. The most common type is Duchenne Muscular Dystrophy, which occurs only in boys. All types of Muscular Dystrophy are genetic even though other family members may not have the condition.

2. **Acquired brain and spinal injuries** may result from permanent injuries to the brain, spinal cord, or limbs that prevent proper movement in parts of the body.
3. **Spina Bifida:** is a neural-tube birth defect which occurs within the first four weeks of pregnancy. The spinal column fails to develop properly, resulting in varying degrees of permanent damage to the spinal cord and nervous system. Infants born with Spina Bifida may have an open lesion on their spine where significant damage to the nerves and spinal cord occurs. Although the spinal opening is surgically repaired shortly after birth, the nerve damage is permanent. This results in varying degrees of paralysis of the lower limbs, depending largely on the location and severity of the lesion. Even with no visible lesion, there may be improperly formed or missing vertebrae and accompanying nerve damage.
4. **Hydrocephalus:** comes from the Greek word “hydro”, meaning water and “cephalus” meaning head. It is a neurological condition that exists when excess cerebrospinal fluid (CSF) builds up in cavities, called ventricles, inside the brain. Fluid accumulates in the ventricles when the body produces more CSF in a day than it can reabsorb. This accumulation causes enlargement of the ventricles, resulting in Hydrocephalus. Hydrocephalus is usually treated by surgically implanting a shunt that takes excess CSF from the brain to another part of the body.
5. **Cerebral Palsy** refers to a group of disorders that occur in infancy, affecting a person’s muscular and nervous systems. CP is not a disease or illness, but rather a broad term that describes a group of non-progressive brain disturbances that impair the

developing brain’s ability to control some muscles, especially those affecting movement and posture.

6. **Stroke** happens when blood stops flowing to any part of the brain. This interruption causes damage to the brain cells which cannot be repaired or replaced. The effects of the stroke depend on the part of the brain that was damaged and the amount of damage done.

How is it diagnosed or detected?

Some conditions may be detected at birth.

Paediatricians can refer a child to a specialist if

concerned about a child’s muscle tone and reflexes.

Additional Resources

HYDROCEPHALUS CANADA (formerly Spina Bifida and Hydrocephalus Association of Ontario)—hydrocephalus.ca

The organization has grown to provide a comprehensive and essential range of services for parents, families, youth and adults with Spina Bifida and/or Hydrocephalus (SP&H). Programs are rooted in the principles of self-help and personal support. The SBHAO also serves the broader community which includes: parents who receive pre-natal diagnosis of SB&H; extended family members; all women of child-bearing age concerned about the benefits of folic acid in the prevention of neural tube defects; and a wide spectrum of professionals in the social services, medical, health and educational fields.

Ontario Federation for Cerebral Palsy www.ofcp.ca

The Ontario Federation for Cerebral Palsy is a non-profit, charitable organization with a mandate to address the changing needs of people in Ontario with Cerebral Palsy.

Muscular Dystrophy Canada www.muscle.ca

Muscular Dystrophy Canada is committed to improving the quality of life for the tens of thousands of Canadians with neuromuscular disorders and funding

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leading research for the discovery of therapies and cures for neuromuscular disorders. The organization strives to ensure that people with neuromuscular disorders lead full and engaged lives by providing services that increase mobility and encourage independence.

Spinal cord Injury Ontario www.sciontario.org

March of Dimes www.marchofdimes.ca

Services for Persons with Disabilities

www.pwd-online.gc.ca

Access to services and information for persons with disabilities, family members, caregivers and all Canadians.

Books and Literature:

It's OK to Be Me! Just Like You I Can Do Almost Anything! by Jennifer Moore-Mallinos

Just One of the Kids: Raising a Resilient family When One of Your children Has a Physical Disability by Kay Harris Kriegsman & Sara Palmer

The Survival Guide fo Kids with Physical Disabilities & Challenges by Wendy Moss & Susan Taddonio

The Exceptional Child: Inclusion in Early Childhood Education by K. Eileen

Creative Play Activities for Children with Disabilities – 2nd Edition by Linda Rappaport

Children with Cerebral Palsy: A Parents' Guide – Second Edition. Editor: Elaine Geralis

The content contained in this document is for general information purposes. It is not the intention to diagnose or treat a child.

Reference

ConnectAbility (<https://connectability.ca>)

ConnectABILITY.ca



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Visual Impairment

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What is a visual impairment?

A visual impairment is the consequence of a functional loss of vision, rather than the eyedisorder itself. Eye disorders, which can lead to visual impairments, can include retinaldegeneration, albinism, cataracts, glaucoma, and muscular problems that result in visualdisturbances, corneal disorders, diabetic retinopathy, congenital disorders, and infection.

The effect of visual problems on a child's development depends on the severity, type of loss,age at which the condition appears, and the overall functioning level of the child. Many childrenwho have multiple disabilities may also have visual impairments resulting in motor, cognitive,and/or social developmental delays.

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How is it manifested?

The terms partially sighted, low vision, legally blind, and totally blind are used in the educational context to describe children with visual impairments. They are defined as follows:

1. **Partially sighted** indicates some type of visual problem has resulted in a need for specialized consultation.
2. **Low vision** generally refers to a severe visual impairment (not necessarily limited to distance vision). It applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses. They use a combination of vision and other senses to learn, although they may require adaptations in lighting or the size of print, and, sometimes, Braille.
3. **Legally blind** indicates that a person has less than 20/20 vision in the better eye or a very limited field of vision (20 degrees at its widest point). Totally blind students learn via Braille or other non-visual media.

Who is affected?

The rate at which visual impairments occur in individuals under the age of 18 is 12.2 per 1000. Legal or total blindness occurs at a rate of 0.06 over 1000. According to the World Health Organization, an estimated 19 million children under age 15 are visually impaired. Of these, 12 million children are visually impaired due to refractive errors, a condition that could be easily diagnosed and corrected.

How is it diagnosed or detected?

Some disorders will be discovered at birth if the vision impairment has observable characteristics such as cataracts or congenital glaucoma. Many, however, go undetected until the child does not meet certain visual milestones.

Generally, if the child is not meeting typical vision milestones by around three or four years, they can be referred to an ophthalmologist. Proper diagnosis cannot be made without a thorough exam from an ophthalmologist.

Additional Resources:

Canadian National Institute for the Blind (CNIB)

(www.cnib.ca)

The CNIB provides relevant, specialized services nationwide. They support and/or conduct research about vision to ensure the continued development of services. The CNIB also supports medical research and influences public policy, and the development of technology that helps people who are blind or visually impaired lead independent lives.

Vision Institute of Canada

(www.visioninstitute.ca)

The Vision Institute is a not-for-profit optometry clinic. Regular and specialized eye care services are provided to the general public and to persons with special needs. All funds raised support services to persons in chronic care facilities and to persons with visual impairments, brain injuries, developmental disabilities and unique vision problems.

Persons with Disabilities Online

(www.pwd-online.gc.ca)

It provides access to services and information for persons with disabilities, family members, caregivers and all Canadians.

Books and Literature:

Essential Elements in Early Intervention: Visual Impairment and Multiple Disabilities
By Deborah Chen

Children with Visual Impairments: A Parents' Guide
By M. Clay Holbrook

Reference

ConnectAbility (<https://connectability.ca>)

ConnectABILITY.ca



Photo by Jerry Wang on Unsplash.

Signs of Stress and Trauma in Children

AMANDA BOYD, BA, CYC, CTP; Resource Consultant, Lumenus Community Services, Every Child Belongs

Looking Through a Trauma Informed Lens Part 2

In **Part 1: Understanding Stress and Trauma** we learned that **stress and trauma** can significantly impact children's health, development and overall wellbeing. Trauma can influence how children interact with others and their environment. When a child experiences stress or trauma, the **survival brain** may be activated and take control of how the child responds.

The problem arises when the brain is in a constant state of survival. When the **survival brain** is activated, the **thinking brain** shuts off. During this time, the emotional brain takes cues from the survival part of the brain and goes into "danger mode", expressing large emotional responses such as a fight, flight, or freeze.

Long-lasting or recurring stressful experiences may prevent a child from regulating their emotions appropriately and they may fall behind in their learning

and development. What was once easy for a child to do, can become overwhelming as they try to manage their stress and learn at the same time. Support from caring and responsive adults who can offer strategies to help a child move out of survival and emotion to thinking is important.

Common signs of stress and trauma in children may include the following:

- Presenting as less mature than peers of the same age
- Difficulty with transitioning to other activities
- Difficulty regulating emotions, e.g., tantrums, outbursts, irritability, or crying easily
- Difficulty following instructions or routines that were previously learned
- Regression in skills previously learned, such as toileting

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- More hands-on with peers during play
- Overly physical reactions to conflict, difficulty with problem solving
- Easily startled
- Difficulty focusing on tasks
- Disruption in sleep patterns
- Flight risk, running away or hiding
- Loss of interest in toys and activities previously enjoyed
- Hypervigilance or constantly on “high alert”
- Clinging or looking for extra attention from familiar adults
- Overly physical play, over-activity or difficulty with physical self-regulation

When a child is experiencing stress and trauma, these common signs of stress may appear as if the child is ‘acting out’. This is because the **survival brain** is responding to a threat by any means necessary. The **emotional brain** may respond through large scale emotions. This behavioural response is a sign or symptom of the problem, not the problem itself.

Using a “trauma-informed lens” allows adults to see that the child is stressed and the survival part of the brain is overloaded. It is important for adults to remember that children are not acting out on purpose, but in fact, they are communicating, “I’m not feeling safe and this is all I know to do to get back to safety!” The adult’s role is to support the child to move out of survival mode to thinking again.

When using a trauma-informed lens, be a detective.

When responding to children’s behaviour through a trauma informed lens, adults act as a detectives by gathering information through observation, documentation and reflection to find ways to best help the child. This detective work is most effective when all adults in the child’s life contribute to these discussions and observations.

Start by tracking events and look for triggers.

- **Date/Time**—Does it always happen on the same day of the week or at the same time of day?

- **People involved**—Is there a person the child has greater difficulty with or is calmer around?
- **What happened right before behaviour?**—Track what happened, where, with who, how and when. Write down what was said specifically.
- **Who?** Is there a particular staff or peer that is part of the dynamic when behaviour occurs? Is there something about a person that activates behaviour? Tone of voice? Body language? History of relationship?
- **What?** What is the behaviour over? An object? An injustice? A request or opportunity that the child is wanting? E.g., A peer was playing with a toy which a child wanted, resulting in a behaviour. Was there a specific expectation given?
- **Where?** E.g., Is it always outside? Always in the hallway? In the class? In circle/group activity?
- **How?** How did the child express behaviour? What did it look like? Does the child run away? Fight? Refuse or protest? Shutdown and not respond?
- **When?** Does the behaviour happen when it’s time to tidy up for lunch? Does it happen around rest/quiet time? Always in the morning or in the afternoon?
- **Behaviour**—What was the behaviour or action from the child?
- **Conclusion/outcome**—What actions did staff take to intervene? What was said specifically? What were the consequences, expectations, follow through? What support was given to the child?
- **Focus on skills**—What skills were missing that could have made that situation successful?

By being a trauma-informed detective you can learn to notice the patterns of the child and gain valuable information that will help guide you on what to do next. Recognizing triggers will help adult’s develop a plan to support the child more effectively. If there is an underlying skill that the child needs to develop, adults can identify and help the child learn the skills.

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Remember:

It is important to recognize the signs of stress and trauma and how the **survival brain** and **emotional brain** express themselves when triggered and overwhelmed. Adults can support children when this occurs, by acting as detectives and tracking patterns that help to identify the underlying cause of the child's signs or symptoms.

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Van Der Kolk, B., (2015) *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Books

“Children don't get traumatized because they are hurt. They get traumatized because they're alone with the hurt.”

—Dr. Gabor Maté

Baked Apples with Berries

LARISSA KOSTEVSKII, RECE, ECAS, BASc, CWT Training Coordinator, Humber College

One activity my family loves participating in during the Fall season is apple picking. Every year we choose a different orchard (there are plenty of them within a short driving distance from Toronto), take a few baskets, and off we go to pick our own juicy gems right off the trees.

The first few weeks after the orchard visit, I indulge in an unbelievable number of apples daily with the hope that it will keep the doctors' visits away. When I have had enough of eating apples on their own, I add them to salads, smoothies, and of course, pies and strudels. You may have your own favourite recipe and I invite you to send me an email at larissa.kostevskii@humber.ca with your families' favourite dish made with apples.



Baked Apple with Berries. Photo by Larissa Kostevskii.

For this issue of KIT, I decided to share a recipe of “Baked Apples with Berries”. If you have read or cooked from the articles I shared previously, I hope you noticed that I enjoy recipes that are easy to make, comforting, healthy, and correspond to the requirements of the Canadian Food Guide. Baked apples can be enjoyed as a dessert, a snack or even together with breakfast.

If you are ready to spoil your taste buds with an irresistible aroma of baked apples with the kick of fresh or frozen blueberries and softness of cream cheese or cottage cheese, let us go to the kitchen.

Ingredients (for two portions):

- 2 medium to large apples (I prefer Mutsu or Golden Delicious)
- 4.5 Tbsp cottage cheese 2%
- 4.5 Tbsp blueberries (fresh or frozen)
- 3 Tbsp Greek yogurt 2%
- 1 egg yolk
- 1 tsp lemon juice
- 1 tsp chopped pecans
- 1 tsp sugar
- 1 tsp cinnamon (optional)

Directions

1. Preheat the oven to 350 degrees F.
2. In a blender, mix the cottage cheese, yogurt, sugar, egg yolk and berries. Add lemon juice.
3. Wash the apples. Cut them in half and scoop out the seeds. Place the apples in a baking dish and stuff each half with the mixture.
4. Bake for 30-35 minutes. Remove from the oven and sprinkle with cinnamon and nuts.

Bon appétit!

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Professional Learning and Links

Association of Early Childhood Educators Ontario (AECEO) (<https://www.aeceo.ca>)

City Wide Training Calendar
(www.citywidetraining.ca)

College of Early Childhood Educators (CECE)
(<https://www.college-ece.ca>)

Connectability
Information and tools supporting inclusion
(www.connectability.ca)

The Garry Hurvitz Centre for Community Mental Health (<https://sickkidscmh.ca/>)

The Hospital for Sick Children
(www.aboutkidshealth.ca)

How Does Learning Happen?
(<https://www.ontario.ca/page/how-does-learning-happen-ontarios-pedagogy-early-years>)

Surrey Place Preschool Speech and Language Program
(<https://www.surreyplace.ca/services/preschool-speech-language-program/>)

Toronto Public Health
(<https://www.toronto.ca/community-people/children-parenting/pregnancy-and-parenting/parenting/healthy-child-development/>)



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Child Development Institute
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(<https://www.childdevelop.ca>)

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Terry Tan Child Centre
Brenda Wilson, Resource Consultant
(<https://www.terrytan.ca/>)

WoodGreen Community Services
Janet Scott, Resource Consultant
(<https://www.woodgreen.org/>)

“The most important people in a child's life are that child's parents and teachers. That means parents and teachers are the most important people in the world.”

—Fred Rogers